PREFACE

THE NEW SCHEME – CLINICAL EXCELLENCE AWARDS

In February 2001 the Department of Health published a consultation document which set out proposals for a new consultant reward scheme to replace the current discretionary points and distinction awards with a single, more graduated, scheme comprising both local and national elements. This has now been introduced as the Clinical Excellence Awards Scheme.

Representatives of the National Assembly, NHS Wales and BMA Wales published its proposed changes to the current consultant contract in August 2003 which included proposals to be part of the new Clinical Excellence Awards Scheme except for the new local award element. The Welsh proposals replace the existing discretionary points element with commitment awards which will be available to all consultants once they have reached the top of the new incremental scale and have demonstrated their commitment to the service by a satisfactory job plan review.

This guidance covers the new awards (Bronze, Silver, Gold and Platinum) and must be strictly adhered to in order that equity between consultants is achieved and to ensure that there is no bias in relation to specialty, gender, ethnicity or age.

The Guide is designed to provide a clear and comprehensive coverage of the Clinical Excellence Awards scheme and is divided up into discrete parts to provide focused guidance for:

- nominees
- employers
- nominating bodies

All the forms necessary for submitting nominations are to be found in Part XI. It is extremely important that the forms in support of nominees are properly completed and it is therefore essential to follow the steps set out in this guidance carefully.

All applications should be submitted electronically (see paragraph 4.10)
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Part I - Introduction and background to the Scheme

1.1. Clinical Excellence Awards will continue to pick up on the good practice developments introduced under the previous distinction awards/discretionary points arrangements which date from the inception of the National Health Service in 1948. The awards are given to recognise and reward contributions to the NHS which are “over and above” that normally expected.

1.2. Significant changes have been made to the guidance to the clinical excellence awards scheme. These changes are intended to ensure that clinical excellence awards fully support the new NHS. Their effect will be to ensure recognition of exceptional personal contributions made by individual doctors who show a commitment to achieving the delivery of high quality care to patients and to the continuous improvement of the National Health Service. In particular, the objective will be:

to reward individuals who perform over and above the standard expected of a consultant in their post and who locally, nationally or internationally

• demonstrate sustained commitment to patient care and wellbeing or improving public health;

• sustain high standards in the technical and clinical aspects of service whilst providing patient-centred care;

• in their day-to-day practice, demonstrate a clear commitment to the values and goals of the NHS by participating actively in annual job planning and observing the private practice principles reflected in the amended consultant contract in Wales, such that they:

  • show a commitment to achieving agreed service targets or objectives;

  • through active participation in clinical governance contribute to continuous improvement in service organisation and delivery;

  • embrace the principles of evidence-based practice

  • contribute to the knowledge base through research;

  • are recognised as exceptional teachers and/or trainers and/or managers;

  • contribute to policy making and planning in health care.

  • demonstrate a commitment to innovation and change

1.3. It is not expected that individuals will meet all of these objectives to become eligible for an award, and much will depend on the nature of each post.

1.4. This clarity of purpose underpins the revised criteria for the new scheme which are fully set out in Part X.

1.5. The NHS Clinical Excellence Award scheme in Wales will reflect the amendments made to the existing consultant contract which takes effect from 1 December 2003.
The higher value awards will be decided by a new Advisory Committee on Clinical Excellence Awards (ACCEA) and its sub-committee. The eligibility and assessment criteria for these awards will be set nationally and there will be a standard nomination form for all levels of award.

1.6. The ACCEA itself will publish an annual report that will include information on the distribution of all levels of award.

1.7. There will be four levels of award, which will be made by the national ACCEA and its sub-committee.

1.8. Clinical Excellence Awards at the higher levels will have the following names:

   - Clinical Excellence Award – Bronze (Level 9)
   - Clinical Excellence Award – Silver (Level 10)
   - Clinical Excellence Award – Gold (Level 11)
   - Clinical Excellence Award – Platinum (Level 12)

   (The purely local awards, Local Clinical Excellence Award Level 1 – 8 in England, will be called by their level number but do not apply in Wales).

1.9. Consultants in receipt of a distinction award or discretionary points will keep them, subject to existing review provisions, and will be eligible to apply for awards under the new scheme in the normal way. The award of a clinical excellence award will subsume the value of any discretionary points, distinction awards or commitment awards held by the consultant.
2. **Part II – the structure and principal functions of the Advisory Committee on Clinical Excellence Awards**

### The Central Committee

2.1. The Advisory Committee on Clinical Excellence Awards (ACCEA) is a Non-Departmental Public Body. Its function is to establish the criteria against which candidates will be assessed and to set up and administer the process by which nominations will be judged. ACCEA advises Ministers on which NHS consultants will receive the higher value awards. It also quality controls the processes. ACCEA comprises a central committee having a lay chairman (Lady Elizabeth Vallance) and a medical director (Professor Sir Netar Mallick). Lady Vallance brings experience from the academic and business worlds and has a background in the NHS having chaired a large acute Trust. Sir Netar was Professor of Renal Medicine at the University of Manchester and a consultant physician and former Medical Director at the Central Manchester Healthcare Trust.

2.2. The Committee provides advice on the nominations for awards that are proposed by the Chairman and Medical Director. They will have based their recommendations on nominations suggested by the sub-committees and other national bodies. ACCEA also provides advice on nominations for the highest Level of award that are submitted direct to the secretariat.

2.3. The membership of the central committee includes representatives of the Department of Health, the National Assembly for Wales, NHS managers, the Academy of Medical Royal Colleges, academic and research medicine and lay people.

### ACCEA Sub-committees

2.4. Sub-committees will act as unitary boards. They will have lay chairmen and medical vice-chairmen. Their members will have specific contributions to make and will have appropriate expertise and experience. The Sub-committees are responsible for identifying and considering possible candidates for awards in all specialties taking account of nominations from organisations and individuals. They are also responsible for submitting their recommendations in priority order for consideration by the Chairman and Medical Director of ACCEA. Detailed guidance is given in Part XII.

2.5. Membership will comprise:

**Professional members** (50% of total membership including the medical vice chairman) – who will consider the entire nominal roll of consultants who are eligible for awards. They are not appointed as representatives of any individual specialty or employer and are there to advise on individual consultants they believe satisfy the criteria for awards. The medical vice-chairman will be responsible for co-ordinating the work of the Sub-committee.

**Employer members** (including the Regional Directors of Public Health) – who will act as a channel for the views of employers generally within the Sub-committee areas. They will need to ensure that employers are satisfied that the claims of individual consultants are not being overlooked and their views about the award-worthiness of
individual consultants are known. They are not appointed to represent the views of any particular organisation or employer.

**Lay members** – who will be knowledgeable about the working of the NHS as it is currently constituted and will have informed lay involvement in health care and the patient’s perspective.

**The sub-committee for Wales will be known as the Higher Awards Committee, Wales - HAC(W).**

2.6. For the 2004 round, **all** nominations for consultants working in Wales should be sent **electronically** to

lynne.callow@wales.gsi.gov.uk

Employers will be asked to co-ordinate nominations within their organisation through their local nomination committee and submit them in total. Please put the name of the organisation or individual making the application(s) in the subject line on the e-mail.

Any hard copy submissions (see 4.10) should be sent to

Miss Lynne Callow  
Employment Policy Branch  
NHS Human Resources Division  
National Assembly for Wales  
Cathays Park  
Cardiff  
CF10 3NQ

Tel: 029 2082 3487

2.7. The Guide to the scheme can be accessed:

http://www.wales.nhs.uk/accea (Internet)  
http://howis.wales.nhs.uk/accea (Intranet)
3. **Part III – Those eligible**

3.1. This part of the guidance sets out in detail the conditions that **must** be met in order for the nominee to be eligible for a clinical excellence award.

3.2. Those eligible for a clinical excellence award are:

   a. Consultants who have at least one year’s experience at consultant level as at 31 January 2004, who hold a medical or dental qualification, who are fully registered, and who are employed by organisations such as the following:

   - NHS Trusts;
   - Local Health Boards
   - The National Assembly for Wales (where the consultant retains NHS Terms and Conditions of Service);
   - Universities
   - Medical and Dental Schools
   - Other bodies, which are approved from time to time as proper employers of consultants for the purposes of the NHS.

   b. Academic, salaried general practitioners employed by Universities and/or the Medical Research Council who hold honorary (unpaid) contracts with a recognised NHS organisation, and who undertake at least six sessions on NHS work, will be eligible for awards. In the case of academic GPs, all levels will be decided by the ACCEA and its sub-committees. There will be no reduction in the number of awards to consultants as a consequence of increasing the number of eligible doctors.

   c. Honorary contract holders – eligibility for awards will be based on the contribution made to the NHS defined in wider terms than direct care to patients. The entitlement to full eligibility for an award is based on four direct clinical care sessions and two supporting professional activity sessions (see para 8.6 of the Addendum to the Consultant Contract).

   For whole time clinical teachers and research workers with less than the above contribution, there are special provisions regarding the proportion of award payable.

   d. Eligible consultants who are subsequently employed as Deans in medicine and dentistry are fully eligible on the basis of their work in such posts.

   e. Eligible consultants working as clinical and medical directors of NHS Trusts retain their eligibility for clinical excellence awards, account being taken of their clinical work and of their contribution as clinical and medical director, irrespective of any additional remuneration they may receive for undertaking these additional management responsibilities. Consultants spending time almost exclusively in medical management will be considered for awards. However to
ensure that they continue to be eligible for appropriate revalidation by the GMC, clinical consultants in medical management posts should normally undertake some clinical practice.

3.3. Eligibility for an award is dependent upon the participation in an annual appraisal interview/exercise. For 2004 Employers will be expected to indicate that a satisfactory appraisal has been undertaken within the 12 months leading up to the nomination. ACCEA will not be seeking information about the appraisal itself. Employers will also be expected to confirm that a consultant’s job plan and contractual obligations have been fulfilled and that the consultant has complied with the private practice principles reflected in the amended consultant contract.

Consultants Employed on Trust Contracts

3.4. Consultants in NHS Trusts are eligible for clinical excellence awards whether they remain subject to nationally determined terms and conditions of service or to terms agreed between them and the individual trust.

Who is not eligible?

3.5. Consultants employed in the following categories are not eligible for clinical excellence awards:

   a. locum consultants.

   b. consultants employed in full-time general management positions, such as chief executives or general managers and who do not undertake clinical work as a consultant under a separate clinical contract.

Effects on eligibility following changes in circumstances

3.6. The following changes in circumstances may affect payment of, or eligibility for, awards:

Change in Specialty

3.7. If an award-holder ceases to practise in the specialty for which the award was granted, the circumstances of the case will be subject to review by ACCEA.

General Management

3.8. In the case of a consultant who ceases to practise in the specialty for which the award was granted and moves into a full or part-time general management post, the arrangements for protecting the full monetary value of any award held will be a matter for prior discussion and agreement between the employer and the consultant. Where an award-holding consultant returns to clinical work after a period in a full-time general management position, the award may be reinstated provided the consultant returns to a similar post in the same specialty. However, if an award holder undertakes full time general management for a period in excess of one year, the question of the reinstatement of the award will be subject to review by ACCEA.
Unpaid leave

3.9. The payment of an award shall cease during any period of unpaid leave. If the leave is for a period in excess of one year, the question of the reinstatement of the award will be subject to review by ACCEA.

Secondments

3.10. If a consultant is seconded full-time to a post with a non-qualifying employer, he or she will not be eligible for consideration for an award during the period of secondment. Any existing award will be regarded by ACCEA as suspended for the duration of the secondment. The arrangements for protecting the full monetary value of any award held during the period of secondment will be a matter for prior discussion and agreement between the employer(s) and the consultant as part of the terms of the secondment. If the secondment is for a period in excess of one year, the question of the reinstatement of the award will be subject to review by ACCEA.

Prolonged absence from the NHS

3.11. In the case of consultants who have not practised their specialty within the NHS for a period in excess of one year, the question of the reinstatement of the award will be subject to review by ACCEA.

Effect of NHS employment ending before 1 April 2004

3.12. Payment for awards granted in October are backdated to the 1st April. No new or increased award can be granted in the 2004 round if a consultant's employment in the NHS ends before 1 April 2004.

Effects of retirement on clinical excellence awards

3.13. On retirement awards cease as they are consolidated into pension.

3.14. Consultants who are re-employed do not retain eligibility for payment of their award.

Levels of Award

3.15. There will be four levels of award. The values of the awards are currently set at:

<table>
<thead>
<tr>
<th>Value</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>31,404</td>
<td>Bronze</td>
</tr>
<tr>
<td>41,290</td>
<td>Silver</td>
</tr>
<tr>
<td>51,613</td>
<td>Gold</td>
</tr>
<tr>
<td>67,097</td>
<td>Platinum</td>
</tr>
</tbody>
</table>

3.16. In view of the differences between the Welsh and English schemes it is suggested that the following guidance should be adhered to:

Consultants without an award should normally apply for the new Bronze award

Consultants who have held a B award for at least 4 years should normally apply for a Silver award
Consultants who have held an A award for at least 5 years should normally apply for a Platinum award.

Future consultants with a Silver award will have an opportunity to obtain a Gold award in recognition of their high-quality performance and commitment.

In exceptional circumstances some consultants may be awarded a Silver or Gold award without having previously received a Bronze or Silver award.
4. **Part IV - The nomination process – a guide to candidates**

4.1. Candidates may nominate themselves or they may be nominated by one of a number of third parties including recognised organisations or their own colleagues (see 4.4).

4.2. Either approach will require the candidate to submit a fully completed standard application form – ACCEA Form 1, the CVQ or Curriculum Vitae Questionnaire - a copy of which is at Part XI of this guidance. It is also available separately on the ACCEA website accompanied by brief guidance notes.

4.3. It is the responsibility of the individual consultant to ensure that the employer section of the CVQ is completed.

**Sources of nomination**

4.4. Candidates for clinical excellence awards may be nominated by any individual or professional body.

4.5. Citations are required by ACCEA and its sub committees for all nominations. For employers the chief executive’s statement will count as the citation.

**The criteria**

4.6. Before proceeding with their application consultants should consider whether they meet the criteria against which their nomination will be judged. The criteria, common for all levels of clinical excellence award, are set out fully in Part X.

**Submitting applications**

4.7. All applications must be made in the current format included at Part X of this guidance. They must be typed, and each section must comply strictly with the instructions on the form.

4.8. The deadline for submitting nominations for Bronze, Silver, Gold and Platinum awards to the Welsh Secretariat is **9 January 2004**. Applications received after that will not be accepted since the timetable is too tight to allow any flexibility.

4.9. The ACCEA and HAC(W) secretariats will **NOT** be responsible for chasing up incomplete applications.

4.10. Applications must be submitted electronically. The original signed, countersigned (by the employer) and dated copy must be retained locally. Hard copy submissions will be accepted in 2004 in exceptional circumstances but only if a valid explanation is given as to why this is necessary.

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**It is the nominee’s responsibility to ensure that all the components of their application are submitted within the deadlines. Late applications will not be considered.**

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5. **Part V – Nomination process – a guide to employers**

5.1. The process for identifying nominations should not be delayed pending the results of the final ACDA meeting in October. Instead, procedures should be put in place as soon as possible to identify potential candidates. Employers have the following key functions under the Clinical Excellence Awards Scheme:

- they complete the employer’s part of the CVQ for all levels of award. The employer’s statement is important since this is the formal view of the merits of the individual. It is essential that any factors such as ongoing contractual or personal difficulties should be carefully assessed by the Trust before a nomination is made to ACCEA. Employers must complete the ranking in this statement but they must not use it to represent the consultant’s ranking against other nominations from their trust.

- they provide the Welsh sub-committee, via the secretariat, with a prioritised list of nominations from their Trust for the new awards

**Nomination**

5.2. Employers must have in place a transparent mechanism by which it is decided whom they will nominate for awards. ACCEA encourages self-nomination for clinical excellence awards and employers might consider how the annual appraisal process (now mandatory for all trusts/consultants) might be used to encourage consultants to put themselves forward.

**Process**

5.3. In the autumn, the Welsh secretariat, will contact chief executives, medical directors, postgraduate deans and deans of medical and dental schools, via their electronic networks, setting out the process and timescales for the next awards round.

**Timetable**

5.4. The timetable for nominations is strict and must be observed. Applications for the Bronze, Silver, Gold and Platinum awards must be received by the Welsh secretariat, by **9 January 2004**.
6. **Part VI – Nomination process – a guide to nominating third parties (other than employers)**

6.1. The role of nominating third parties is broadly similar to that of employers described in the previous part to this guidance.

6.2. While an increasing proportion of candidates for clinical excellence awards applies through self-nomination (a trend supported by ACCEA) at present the more common approach is for candidates to be nominated by third parties.

6.3. Awards may be nominated by any individual or professional body.

6.4. Nomination by a third party (other than the ACCEA sub-committees) amounts to an agreement to support a candidate through the provision of a national citation. Any candidate supported in this way MUST complete a CVQ and submit it, through the nominating body/colleague in time to reach the ACCEA secretariat by the set deadlines. No applications received after such dates will be considered.

6.5. The national citation (ACCEA form B) is attached in Section XI. In writing this it is important to emphasise *in what way* the consultant meets the strict criteria that will be applied to any of the following 4 domains:

- delivering a high quality service
- developing a high quality service
- managing a high quality service
- contributing to the NHS through research, teaching and training.

6.6. The full criteria are set out in Part X

6.7. In the past there have been occasions when separate supporting citations, from different individuals or bodies have shared identical wording. Such practice adds no value and any such duplicate citations will not be considered.
7. **Part VII — Nomination process — a guide to Royal Colleges, Universities and National Employers**

7.1. The process for identifying nominations should not be delayed pending the results of the final ACDA meeting in October 2003. Instead, procedures should be put in place earlier to identify potential candidates and to produce the required national citation.

7.2. All applications are to be submitted electronically this year. Hard copies will only be accepted if a valid explanation is given as to why this is necessary. All nominations via Royal Colleges need to be supported by a citation.
8. Part VIII – The consideration of nominations process

Bronze, Silver, Gold nominations

8.1. The Welsh sub-committee will submit their advice to the Chairman and Medical Director of ACCEA who will review this in relation to their knowledge of the national situation.

8.2. The list of candidates that results from this process will then be put to the main meeting of ACCEA in October which will consider candidates proposed and produce the final list of their recommendations for awards.

Platinum nominations

8.3. In the case of these nominations the Welsh sub-committee will put forward nominations which will be considered centrally by ACCEA.

8.4. The ACCEA secretariat will actively invite nominations from:
   - the Chairman of the Academy of Medical Royal Colleges;
   - the ACCEA member representing research interest;
   - the Sub-committee vice chairmen.

8.5. All nominations for Platinum awards must be submitted to the ACCEA secretariat by 31 January 2004. It is the nominee’s responsibility to ensure that the CVQ and supplementary CVQ for research and academic work are submitted within the deadline. No applications received after the due date will be considered.

8.6. The applications will then be submitted to the members of the ACCEA Sub-committee to identify the candidates it wishes to recommend to the central committee.

8.7. The sub-committee’s recommended list will be circulated to all members of ACCEA well before the meeting of that committee, when all nominations are considered, in October.

8.8. The committee’s advice will then be passed to Ministers and their decisions implemented as soon as possible thereafter.
9. Part IX – Review of awards

9.1. Clinical Excellence Awards and Distinction Awards granted from the 1989 awards round onwards are subject to review at five-yearly intervals. The ACCEA secretariat will notify Chief Executives of those consultants in their employ who are due for review. The process requires the submission of a CVQ – form C/2004 in which the candidate must set out how he or she continues to meet the criteria for which the award was initially given. Those applying for renewal should demonstrate, by reference to their achievements since the original award or the last review (whichever is appropriate), that they continue to meet the criteria for the scheme. The focus must be on activity within the 5-year period leading up to the review. Information on earlier activity must only be included to demonstrate evolving contributions.

9.2. In completing part 2 of the consultant’s CVQ the Chief Executive must signal whether:

- the candidate still merits the award held;
- the candidate continues to work to the standards of the professional conduct and personal conduct required by the General Medical Council or the General Dental Council;
- there is any adverse outcome for the consultant following disciplinary action by employer of GMC/GDC.

See also 9.4 and 9.5 below.

9.3. The five-year review ensures that only those consultants who continue to meet the performance standards required will have their award renewed. In reaching a view on renewals, consideration will also be given to any outstanding disciplinary or professional proceedings.

9.4. ACCEA subscribes to the principle that an accused doctor is innocent until proved guilty. However, employers should inform ACCEA when formal disciplinary proceedings occur. ACCEA will note this but await the eventual outcome so that any appropriate action can be taken promptly and in consultation with the employer and the consultant.

9.5. The five-year review cycle does not preclude issues regarding performance being drawn to ACCEA’s attention at any other time. Employers should be aware that at any stage where, in their view, there is good evidence that an award should be reconsidered in the light of the reasons set out at paragraph 9.2 above, they have a duty to inform the Chairman and Medical Director. ACCEA can then consider whether any action should be taken.

9.6. If it is concluded, following review, that an award is no longer merited the ACCEA Chairman and Medical Director will recommend to ACCEA that the award should be withdrawn or downgraded.

9.7. Before referring such cases to ACCEA, the consultant will be informed of the recommendation and given the reasons for it by the Head of the ACCEA Secretariat. He or she will then have the opportunity to make a written submission to ACCEA.
before the final decision is taken. At the same time that the consultant is invited to make representations, the Head of the ACCEA Secretariat will inform the consultant’s employer of the recommendation and invite any further views that they may wish to bring to ACCEA’s attention.

9.8. Finally, the Chairman and Medical Director can also recommend to ACCEA that a consultant’s award be renewed, but for a shorter period than 5 years, thus allowing the consultant an opportunity to demonstrate that he or she once again meets the criteria for the level of award held.

**Effect of withdrawal of award**

9.9. A system of salary protection will generally be applied if an award is downgraded or withdrawn. The consultant’s salary will return to the point on the scale plus commitment awards that should have been accrued during the period of the award, or at the level of a lower award if the original award was downgraded. In exceptional circumstances ACCEA may determine that an award and its financial component be withdrawn completely.

**On retirement**

9.10. Any renewal of existing awards will normally extend to a consultant’s expected retirement date (for NHS consultants, the 65th birthday and for academic consultants usually the 30th September following the 65th birthday). However, where this date is only shortly beyond the limit of the 5-year review, ACCEA will use its discretion to renew the award until that date, even though this may result in a renewal slightly beyond the five-year limit. Leeway of about six months can be expected. This is because it seems unreasonable to expect award holders to go through the process of applying for a renewal for a very short period right at the end of their careers.
10. **Part X – criteria**

10.1. Individuals will not be expected to meet all the criteria to be worthy of an award. Much will depend on the type and nature of the post.

10.2. When filling in the form you must:

- adhere strictly to the guidance
- not use abbreviations to indicate names of societies, groups, etc.
- not exceed the box limits
- be succinct
- use a new line for each entry

**Personal statement**

10.3. In this section consultants should describe the reasons why they believe they should be considered for a clinical excellence award. The focus should be on the most significant achievements and the most important examples of local, national and international work.

**Criteria for awards**

10.4. All consultants who hold an award must be carrying out their work to a high standard. Evidence for this should be given in the first domain. The employer’s citation must confirm this.

10.5. The domains should be used to draw attention to the most important examples of the consultant’s local, national and international work. **For those already holding awards and applying for a higher level the information provided must relate to achievements since the previous award was granted.** These should be listed in date order and should describe outcomes. Consultants should not include evidence that has been submitted for an earlier award except to illustrate how initiatives have been developed.

**Domain 1- delivering a high quality service**

10.6. In this section of their CVQ consultants should present evidence of their achievements in delivering a service which is safe, quality assured and where opportunities for quality improvement are consistently sought and implemented.

10.7. Information in support could cover, for example:

- excellence in the delivery of professional commitments, this may include reference to validated performance or outcome data (ideally presented in comparative terms), reference to external or peer review reports assessing the quality of the consultant’s service, or the demonstrated usage of evidence-based practice;
• exemplary standards in dealing with patients, relatives and all grades of medical and other staff; this may include reference to validated patient or carer surveys or feedback on the service;

• excellence in leadership of the team for which the consultant has sole, rotational or shared responsibility;

• leadership role in relation to clinical governance.

The following gives some detailed examples of what should be included:

10.8. Describe, in one sentence, your working week for each post you hold (e.g. consultant surgeon, clinical director, dean of postgraduate studies, senior lecturer, college or faculty regional adviser, college, faculty or specialist society officer). This is not a comprehensive list.

10.9. Then, in a further sentence on a separate line give any evidence of the quality and quantity of your service, such as arises out of audit or assessment by patients, peers or outside bodies. For example:

• as a general surgeon I do two clinics and three operating sessions a week and I am on call for emergencies 1:4;

• assessment of outcomes against national standards shows that my results are in the top decile;

• as Clinical Director of Surgery I spend two sessions a week on clinical governance and development of service;

• CHI (2002) commented ‘the arrangements for clinical governance in this hospital, and particularly in surgery are a model of what can be achieved’;

• I am a Senior Lecturer/GP Principal in practice ‘X’ which delivers a wide range of high quality services to the local population, including (give examples) as demonstrated by practice audit of issues such as the prescription of aspirin in occlusive vascular disease and ACE inhibitors in heart failure and the use of patient satisfaction surveys and feedback from a patient user group;

• as a Clinical Scientist I do two sessions in the operating theatre, a teaching ward round and clinical research in five hospitals with 24 hour responsibility for the patients on my clinical trials;

• I organise national audit on quality of peri-operative records against national standards.
Domain 2 - developing a high quality service

10.10. In this section of the CVQ consultants should present evidence of the ways in which they have introduced developments to enhance significantly the quality and safety of their local service and/or services more widely within the NHS.

10.11. Indicate here the developments you have been responsible for either alone or in a team with evidence that these have been of high quality and benefit. Do this separately for each post you hold.

10.12. Information in support could cover for example:

- development of relevant audit cycles and completing them;
- analysis of risk and managing it; this may include examples of specific improvements, reduced risk or enhanced safety;
- improvement in service delivery which has had a demonstrable effect; this may include evidence that their service has become more patient-centred and accessible;
- innovation in service delivery, which has had a demonstrable effect, this may include evidence of improved outcomes or of the introduction of major innovations in prevention, diagnosis, treatment or models of care.

Domain 3 - managing a high quality service

10.13. In this section of the CVQ consultants should present evidence of the ways in which they have made a substantial personal contribution in the management of a local service, in national or international health policy development or planning.

10.14. Information in support could cover for example:

- change management (aimed at improving the effectiveness or efficiency of services) which the individual has led;
- development of new policies or plans for health or health care;
- major reviews, inquiries or investigations;
- national policies aimed at modernising health services or professional practice.

10.15. Give here management posts held:

- in your trust (e.g. medical director or clinical director);
- in your Local Health Board area (e.g. chairman or secretary of a standing committee or task force or special adviser)
nationally or internationally (e.g. officer of committee, task force, college or specialty society) or other employing organisation;

10.16. For each post give in one sentence evidence of any outstanding contributions that you have made.

10.17. Just to be a member of a committee is usually insufficient evidence of an awardable contribution. If you wish such membership to be considered you must indicate why. ACCEA is aware that membership of some national or international boards or advisory bodies is itself recognised as a marker of high professional status. Even then it is advisable to give evidence of how you have contributed.

10.18. Do not give here educational responsibilities such as chairman of a training committee. These should be entered in domain 4(b).

Domain 4 (a) – research

10.19. For some consultants, research will form a major part of the contribution that they make to the NHS that is “over and above” what would be contractually expected of them and they will wish to focus on this aspect of their contribution when making their nomination for a Clinical Excellence Award. If you wish to do this you should give here:

• an outline of your research aims and activity (one sentence – e.g. my research is clinically orientated and addresses problems arising due to chronic pulmonary disease);

• in one sentence on a separate line, what has been achieved and what it is hoped to achieve;

Then provide evidence in support of these, such as;

• grants held

• contribution to the research and supervision of others

• other markers of standing in your chosen research field or fields such as office bearer of learned societies; visiting professorships.

• peer reviewed publications, chapters written and books edited or written; indicate editorial activity;

• you may include the full citation of up to three most significant peer reviewed original research publications and/or up to three other significant publications. These must be within the space provided. Alternatively you may wish to complete the supplementary research form D.
Domain 4 (b)  teaching and training

10.20. Teaching and training are an important aspect of a consultant’s career, and the development of junior colleagues is assumed by ACCEA to be a part of the ordinary consultant role.

10.21. However, for some consultants, teaching and training will form a major part of the contribution that they make to the NHS that is “over and above” what would be contractually expected of them and they will wish to focus on this aspect of their contribution when making their nomination for a Clinical Excellence Award.

10.22. Evidence of excellence should focus on some of the following:

- medical undergraduate teaching
- contribution to postgraduate education and life long learning; include here contributions to teaching in other UK centres or abroad
- contribution to education of other health and social care professions
- undergraduate or postgraduate examining; supervision of postgraduate degree students.

10.23. Criteria of excellence include:

- quality of teaching - provide evidence of student feedback and other forms of assessment of teacher quality which can be drawn on to provide a basis for their views;
- leadership and innovation in teaching - new course development; innovative assessment methods, introduction of new learning facilities, authorship of successful text books or of other teaching media;
- scholarship, evaluation and research in the educational domain contributing to national and international educational leadership - presentations; invitations to lecture; peer reviewed and other publications on educational matters;
- institutional success in regulatory body and QA audits of teaching in which individual has played a key role;
- evidence of personal commitment to development of teaching skills – Institute of Learning and Teaching (ILT) membership, courses completed etc.,
- evidence of unusual teaching and educational commitment and workload not recognised in other ways.
11. **Part XI – ACCEA Forms.**

The following section includes:

- the 2004 CVQ, [ACCEA form A](#)
- the citation form (for completion by nominating third-party, or others who have agreed to provide support) – [ACCEA form B](#)
- the 2004 CVQ form for review of existing award, [ACCEA form C](#)
- supplementary CVQ for research and academic work, [ACCEA form D](#)
It is the consultant’s responsibility to ensure that this form is fully completed.

**Part 1 to be completed by the applicant.**

<table>
<thead>
<tr>
<th>Surname:</th>
<th>Forename:</th>
<th>Professional Title:</th>
<th>DOB:</th>
<th>Level Applying For:</th>
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</table>

Employer(s) name(s) with number of sessions per employer(s)

List of consultant appointments in date order:

Accredited Specialties (main first)

Primary Medical Qualification (Date & Institution):

Subsequent Qualifications:

Current Level: Please Choose

Ethnic origin: Please Choose

GMC/GDC Reg. No: Work Tel: E-Mail:

Address

**YOU CANNOT FILL THIS FORM OUT WITHOUT USING THE 2004 GUIDANCE, WHICH YOU MUST ADHERE TO STRICTLY.**

**PERSONAL STATEMENT:**

Domains

**DOMAIN 1:**
DOMAIN 4B:

I declare that to the best of my belief this information is accurate and I am not aware of any disciplinary or professional conduct and performance issues against me.

Signature: ____________________________ Date: ________________

Print Name: ____________________________

Part 2 to be completed by the employer.

Please confirm that the consultant meets eligibility criteria? (see guide part III) If not please supply further details

Please indicate the level of your support: You must NOT use this part of the form to represent the individual’s ranking against other nominations from your Trust

Please give your assessment of this Application:

a) Is the consultant to the best of your knowledge working to the standards of professional and personal conduct required by the GMC and/or the GDC?

Please Choose

b) Has this consultant during the last 12 months:

   - had a formal appraisal,
   - agreed his job plan
   - fulfilled his contractual obligations and
   - complied with the private practice code of conduct?

Please Choose Please Choose Please Choose Please Choose

c) Are you aware of any actual or potential disciplinary or professional proceedings inside or outside the trust?

Please Choose

If the answer to (a) or any part of (b) is no or the answer to (c) is yes please supply further details.

Name of person completing this form: ____________________________

Position Held: ____________________________

Chief Executive Name: ____________________________ Date: ________________

Chief Executive of: ____________________________

Signed by Chief Executive: ____________________________

Please return to: ____________________________ E-Mail: lynne.callow@wales.gsi.gov.uk

# Clinical Excellence Awards Scheme – National Citation

<table>
<thead>
<tr>
<th>Consultant's Surname:</th>
<th>Consultant's Forename:</th>
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<tbody>
<tr>
<td>Specialty:</td>
<td>Employer:</td>
</tr>
<tr>
<td>Level of Award Applying For: Please Choose</td>
<td>Name of Nominating Body:</td>
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This citation must be in 10 point font and be limited to 200 words. It must concentrate on:
- Deanery, national or international contribution relevant to the criteria—Contribution to the College, Faculty or Specialty Society

---

**Person Completing this form:** Signature:

<table>
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<th>Name:</th>
<th>Post Held:</th>
<th>Date:</th>
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**Designated Nominating Officer of Organisation:** Signature:

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<tr>
<th>Name:</th>
<th>Post Held:</th>
<th>Date:</th>
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</table>

**Please Return to:**

<table>
<thead>
<tr>
<th>E-Mail: <a href="mailto:lynne.callow@wales.gsi.gov.uk">lynne.callow@wales.gsi.gov.uk</a></th>
<th>Websites for information:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><a href="http://www.wales.nhs.uk/aceea">http://www.wales.nhs.uk/aceea</a> (Internet)</td>
</tr>
<tr>
<td></td>
<td><a href="http://howis.wales.nhs.uk/aceea">http://howis.wales.nhs.uk/aceea</a> (Intranet)</td>
</tr>
</tbody>
</table>
**ACCEA Form C/2004**

**CLINICAL EXCELLENCE AWARDS SCHEME - CVQ FOR REVIEW OF CURRENT LEVEL**

It is the consultant’s responsibility to ensure that this form is fully completed.

**Part 1 to be completed by the applicant.**

<table>
<thead>
<tr>
<th>Surname:</th>
<th>Forename:</th>
<th>Professional Title:</th>
<th>DOB:</th>
<th>Level Reviewing:</th>
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<td>Please Choose</td>
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</tbody>
</table>

- Employer(s) name(s) with number of sessions per employer(s)
- List of consultant appointments in date order:
- Accredited Specialties (Main first)
- Primary Medical Qualification (Date & Institution):
- Subsequent Qualifications:
- Ethnic origin: Please Choose
- GMC/GDC Reg. No:
- Work Tel:
- E-Mail:
- Address:

YOU CANNOT FILL THIS FORM OUT WITHOUT USING THE 2004 GUIDANCE, WHICH YOU MUST ADHERE TO STRICTLY.

**Personal Statement:** please describe here what you consider to have been your achievements concentrating on the last 5 years. These should demonstrate why you should continue to receive an award.

**Domains**

**For Trust or other NHS Employer (with dates):**
Within your NHS Trust/Local Health Board (with dates):

At National and International level (with dates):

Academic Record and Publications – the full citation of up to 3 most significant peer-reviewed original research publications and or up to 3 other significant publications; grants for which you are an applicant:

I declare that to the best of my belief this information is accurate and I am not aware of any disciplinary or professional conduct and performance issues against me

Signature: ____________________________

Print Name: ____________________________ Date: ____________________________
**Part 2 to be completed by the employer.**

Please confirm that the consultant meets eligibility criteria? (see guide part III) If not please supply further details

Please indicate the level of your support:

Please give your assessment of this Application:

<table>
<thead>
<tr>
<th>a) Is the consultant to the best of your knowledge working to the standards of professional and personal conduct required by the GMC and/or the GDC?</th>
<th>Please Choose</th>
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<tr>
<td>b) Has this consultant during the last 12 months:</td>
<td>Please Choose</td>
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<td>- had a formal appraisal,</td>
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<td>- agreed his job plan,</td>
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<td>- fulfilled his contractual obligations and</td>
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<tr>
<td>- complied with the private practice code of conduct?</td>
<td>Please Choose</td>
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<tr>
<td>c) Are you aware of any actual or potential disciplinary or professional proceedings inside or outside the trust?</td>
<td>Please Choose</td>
</tr>
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If the answer to (a) or any part of (b) is no or the answer to (c) is yes please supply further details.

Name of person completing this form:

Position Held:

Chief Executive Name: Date:

Chief Executive of:

Signed by **Chief Executive**:

Please return to: **E-Mail**: lynne.callow@wales.gsi.gov.uk

**Websites for information:**
http://www.wales.nhs.uk/accea (Internet)
http://howis.wales.nhs.uk/accea (Intranet)
## Supplementary CV QUESTIONNAIRE for assessment of RESEARCH and ACADEMIC work by staff in the NHS Consultant Rewards Scheme

<table>
<thead>
<tr>
<th>Surname:</th>
<th>Title: (Prof/Mr/Dr/Miss)</th>
<th>Address for correspondence:</th>
<th>Age at 30.09.03:</th>
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<tr>
<td>Forenames:</td>
<td>Telephone number:</td>
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**Statement of 50 words setting out the relevance of the work to the needs of the NHS:**

**Statement of 150 words setting out the nature of the research contribution:**

**Brief description of the contribution of the candidate to the management and leadership of medical science in the context of their local (hospital and university), national (specialist discipline, government, industry etc) and international activities:**

**List of current grants for which the candidate is a principal applicant or co-applicant:**
**Brief description of other surrogate markers of peer esteem – eg membership of learned academies, named lectures, visiting professorships:**

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**Brief statement on the contribution to the research training and supervision of others:**

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**The full citation of 10 most significant peer-reviewed original research publications:**

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**Full citation of up to five other publications such as reviews and textbooks:**

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I declare that to the best of my belief this information is accurate and I am not aware of any disciplinary or professional conduct and performance issues against me.

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<th>Print name:</th>
<th>Date:</th>
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12. Part XII – Guidance for ACCEA sub-committee

**Role and responsibilities**

12.1. The Welsh Sub-committee is responsible for advising ACCEA on Bronze, Silver, Gold and Platinum awards.

12.2. The sub-committee will produce a clear audit trail for all nominations.

**Membership**

12.3. The sub-committee will have a lay chair and membership drawn from consultants (including representation from academic medicine) covering a wide range of specialties (around half the membership), NHS employing organisations through a mix of chief executives, medical directors and lay representatives with a strong patient focus.

12.4. The sub-committee will link with NHS employers as appropriate within its geographical boundary and will be supported by individual employers that have personal knowledge of candidates.

12.5. The sub-committee will include appropriate representation from members who are women and from minority ethnic groups and most members should have training in valuing diversity.

**Process**

12.6. The sub-committee will receive from the ACCEA secretariat the central applications and reviews applicable to their area.

12.7. The ACCEA Chairman and Medical Director will confer with the sub-committee to enable it to consider the names of those recommended in detail and to provide an opportunity to moderate the list of candidates proposed in the light of their experience of the national situation. Their role is to ensure consistency between sub-committees, that the balance between gender, ethnic minority and specialty balance is met, and that all successful candidates meet the criteria on which the scheme is founded.

12.8. The sub-committee will make arrangements for handling their workload prior to drawing up a priority list of nominations for submission to ACCEA.

12.9. CVQs will be made available to the members of the relevant sub-committee and to anybody who has been requested to contribute to their completion (e.g. a consultant’s chief executive or medical director providing the employer’s statement).

12.10. Discussion of individual applications is confidential to the members of the sub-committee. Feedback to individuals can only be done informally through the individual’s employer.

12.11. Awards will be reviewed by the relevant sub-committee who will advise ACCEA. Awards will be reviewed at times other than the 5 year interval where disciplinary or professional proceedings have upheld concerns or allegations about the consultant’s conduct or performance.
12.12. Any consultant nominated for an award may seek a review of the process within which their nomination has been considered. Any appeal against the process will be reviewed by ACCEA.

Criteria for awards

12.13. All awards under the new scheme will be determined according to a common set of criteria. Eligibility and assessment criteria are set nationally and there is a standard nomination form for all levels of award.

12.14. The criteria will apply to all levels of award but will, of course, take account of what achievements are possible at difference stages of a consultant’s career. Achievement will be measured within the parameters for which the consultant is employed and will recognise service over and above the normal delivery of the consultant’s job plan and contractual duties.